

Section 5. Resources



5. Resources

For Clinicians, Women & Families

This section includes external hyperlinks to resources, tools, and information specific to the needs of clinicians, women, and families. This section is organized by the strategies outlined in the **Evidence-based Strategies** section. Many of the original URLs for the resources provided in this section were too long for inclusion and have therefore been shortened for ease of use using www.tinyurl.com. By following the tinyurl links below you will be directed to the original source pages.

For Clinicians

The Cost of Having a Baby in the United States

tinyurl.com/CCcostofbaby

A study of the cost (as measured by the amount that employers, Medicaid, and others) pay to hospitals, clinicians, and service providers for the birth of a child. Report commissioned by the Childbirth Connection (2013).

Evidence-Based Maternity Care

tinyurl.com/CCEBmaternity

Report on ways to improve maternity care through evidence-based practice from the Childbirth Connection, Reforming States Group, and the Milbank Memorial Fund (2008).

Midwifery: Evidence-based Practice

tinyurl.com/ACNMmidwifery

A summary of research on midwifery practice in the U.S. from the American College of Nurse-Midwives (2012).

Quality Patient Care in Labor and Delivery: A Call to Action

tinyurl.com/Qualityl-d

A joint statement from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, American College of Osteopathic Obstetricians & Gynecologists, Association of Women's Health, Obstetric and Neonatal Medicine, and the Society for Maternal-Fetal Medicine (2011).

For Women & Families

Avoid Unnecessary Interventions

www.lamaze.org/d/do/7

Lamaze International consumer guide to avoiding interventions that are not medically indicated.

Choosing Wisely

www.choosingwisely.org

ABIM Foundation initiative to promote physician-patient conversations.

Cochrane Consumer Network

consumers.cochrane.org

The Cochrane Collaboration's consumer site, including links to abstracts.

Cochrane Summaries

summaries.cochrane.org

Cochrane Collaboration summaries of reviews with links to abstracts and other resources.

Compare Hospitals

www.leapfroggroup.org/cp

Leapfrog Group consumer tool to compare hospitals for maternity care and high-risk birth safety ratings.

Tools for Pregnant Women & New Moms

tinyurl.com/CDCtools

CDC tools to keep moms and babies healthy.

Safe & Healthy Birth Practices

www.lamaze.org/d/do/3

Lamaze International consumer guide to healthy birth.

Reproductive Health & Birth

tinyurl.com/IHOrepro

Informed Health Online's consumer resources on pregnancy and childbirth.

Before Labor

Social Support

For Clinicians

Antenatal and Postnatal Mental Health

tinyurl.com/NICEmental

Clinical guidelines from the National Institute for Health and Clinical Excellence (2007).

Creating Circles of Support for Pregnant Women and New Parents

tinyurl.com/Supportcirc

A manual for clinicians and service providers to support women's mental health in pregnancy and postpartum from the Best Start Resource Centre (2009).

Michigan Maternal Infant Health Program

tinyurl.com/MImaternal

Brochure for the Michigan Department of Community Health's Maternal Infant Health Program aimed at helping women care for themselves and their babies.

North Carolina's Friendship Project

tinyurl.com/NCfriendship

Information on the North Carolina Healthy Start's Friendship Project—a social support program that pairs volunteers with pregnant women to provide emotional and social support during pregnancy and postpartum.

For Women & Families

text4baby

text4baby.org

Free text messages sent three times per week with tips for a healthy pregnancy and baby.



Turning Breech Fetuses

For Clinicians

External Cephalic Version

Evidence review of external cephalic version in UpToDate (2013). *Requires subscription to access.*

Vaginal Delivery of Breech Presentation

tinyurl.com/SOGCbreech

Clinical practice guideline from the Society of Obstetricians and Gynecologists of Canada (2009).

For Women & Families

Breech Childbirth

tinyurl.com/SOGCbreechbirth

SOGC consumer information on breech childbirth.

If Your Baby Is Breech

tinyurl.com/ACOGbreech

ACOG consumer information on breech presentation.

Planned Out of Hospital Birth

For Clinicians

Home Birth

tinyurl.com/ACNMhomebirth

ACNM position statement (2011).

Medicaid Coverage of Freestanding Birth Centers

tinyurl.com/ACNMaca

Issue brief of the Patient Protection and Affordable Care Act's establishment of recognition of freestanding birth centers under Medicaid.

Planned Home Birth

tinyurl.com/AAPhomebirth

AAP policy statement (2013).

Workshop on Research Issues in the Assessment of Birth Settings

tinyurl.com/IOMworkshop

Institute of Medicine workshop held March 6, 2013 on birth settings.

For Women & Families

Choosing Where to Have Your Baby

tinyurl.com/ACNMwhere

ACNM consumer guide to selecting a birth setting.

Choosing a Place of Birth

tinyurl.com/CCplace

Childbirth Connection consumer guide for selecting a birth setting.

Questions to Ask When Choosing Your Care Provider

www.lamaze.org/QuestionsToAsk

Lamaze International consumer guide to selecting a care provider.

How to Choose a Birth Center

tinyurl.com/AABCbirthcenter

The American Association of Birth Centers' guide for selecting a birth setting.

Delay of Admission

For Clinicians

Spontaneous Vaginal Delivery

tinyurl.com/AAFPsvd

2008 article from the American Academy of Family Physicians.

Labor: Preparations for Labor and Delivery

tinyurl.com/Berghella

2009 publication from Vincenzo Berghella in the online Obstetrics Guide.

The Latent Phase of Labor: Diagnosis and Management

tinyurl.com/JMWHlatent

2010 article in the Journal of Midwifery & Women's Health.

For Women & Families

Am I in Labor

tinyurl.com/ACNMLabor

ACNM consumer guide for recognizing the onset of labor and recommendations for early labor management including a decision diagram.



Vaginal Birth After Cesarean & Cesarean Delivery

For Clinicians

Care for Women Desiring Vaginal Birth After Cesarean

tinyurl.com/ACNMvbac

ACNM evidence-based guideline on care of women with a previous Cesarean delivery.

Clinical Guidelines: Caesarean Section

guidance.nice.org.uk/CG132

NICE's evidence-based guideline for the care of women who: 1) have had a previous Cesarean delivery, 2) have a clinical indication for a Cesarean delivery, or 3) are considering a Cesarean delivery without medical indication (update 2011).

White Paper: *Cesarean Deliveries, Outcomes, and Opportunities for Change in California*

www.cmqcc.org/resources/2079

CMQCC White Paper on strategies to reduce Cesarean delivery and maintain optimal maternal and neonatal outcomes.

Vaginal Birth After Cesarean Delivery

tinyurl.com/ACNMvbac2

ACNM position statement (2011).

Vaginal Birth After Cesarean: New Insights (2010)

tinyurl.com/AHRQvbac

AHRQ evidence report on VBAC.

Vaginal or Cesarean Birth: What is at stake for women and babies?

tinyurl.com/CCevidence

A best evidence review from Childbirth Connection (2012).

VBAC Guidelines

www.nnepqin.org/VBAC.asp

NNEPQIN recommendations for VBAC care, based on a review of the literature.

VBAC Consent Form

www.nnepqin.org/VBAC.asp

NNEPQIN patient consent form for VBAC.

For Women & Families

Birth Choices After a Cesarean

www.nnepqin.org/VBAC.asp

NNEPQIN patient guide to VBAC.

Preventing Cesarean Birth

tinyurl.com/ACNMpreventCS

ACNM consumer guide to Cesarean delivery, risks, ways to avoid Cesarean, and questions to ask your provider.

Should I Have a Cesarean Section?

tinyurl.com/ACNMcs

ACNM consumer guide to Cesarean delivery, including decision diagram.

Vaginal Birth After Cesarean Delivery: Deciding on a Trial of Labor After Cesarean Delivery

tinyurl.com/ACOGtolac

ACOG consumer information on VBAC and TOLAC.

Vaginal Birth After Cesarean Section

tinyurl.com/SOGCvbac

SOGC consumer information on VBAC.

Vaginal Birth After Cesarean and Planned Repeat Cesarean Birth

tinyurl.com/PPvbac

The Power to Push Campaign's patient guide for pregnant women who have previously delivered by Cesarean and are considering VBAC.

Vaginal Birth and Cesarean Birth: How Do the Risks Compare?

tinyurl.com/CCvbacrisk

Companion chart to Childbirth Connection's booklet on Cesarean section.

What Every Pregnant Woman Needs to Know About Cesarean Section

tinyurl.com/CCcsinfo

Consumer guide to understating maternity care from Childbirth Connection.

Planned Induction of Labor

For Clinicians

Elective Induction of Labor: Safety and Harms
tinyurl.com/AHRQeio1

AHRQ clinician guide on elective induction of labor includes clinical issues, brief review of evidence, risk and harms, and other considerations.

Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age
tinyurl.com/MODToolkit

CMQCC toolkit to support hospitals in eliminating non-medically indicated deliveries before 39 weeks.

Induction of Labor
tinyurl.com/ACNMiol

ACNM position statement (2010).

Management of Elective Labor Induction
tinyurl.com/IHCEiol

Summary of treatment guidelines created by the Obstetrical Development Team of the Women and Newborns Clinical Program at Intermountain Healthcare (2012).

Medically Indicated Late-Preterm & Early-Term Deliveries
tinyurl.com/acog560

ACOG committee opinion (2013).

Nonmedically Indicated Early-Term Deliveries
tinyurl.com/acog561

ACOG committee opinion (2013).

For Women & Families

Baby Knows Best
www.lamaze.org/TheWaitingGame

Lamaze International consumer information on waiting for labor to begin.

Due Date Dance
www.lamaze.org/DueDateDance

Lamaze International consumer information from on why a due date may not be a birth date.

Elective Labor Induction – When Is It Okay?
tinyurl.com/IHCEiol2

Intermountain Healthcare's fact sheet for patients and families on induction of labor.

Induction of Labor
tinyurl.com/ACNMiol2
ACNM consumer guide on induction of labor.

Induction of Labor
tinyurl.com/CCinduction
Childbirth Connection consumer information on induction of labor.

Labor Induction
tinyurl.com/ACOGinduction
ACOG consumer information on induction of labor.

Let Labor Begin on Its Own
www.lamaze.org/d/do/4
Lamaze International consumer guide on labor.

Scheduled Delivery Patient Guide
opqc.net/webfm_send/20
OPQC consumer guide on scheduled deliveries, including information on risk of a near-term birth.

Stripping Membranes
tinyurl.com/ACNMmembranes
ACNM consumer guide on membrane sweeping to prevent prolonged pregnancy.

Quick Facts about Induction of Labor
tinyurl.com/CCinductionfacts
Consumer information from Childbirth Connection.



During Labor

Continuous Support

For Clinicians

Continuous Support for Women during Childbirth

tinyurl.com/CochSupport

Cochrane review from 2011.

For Women & Families

Have Continuous Support

www.lamaze.org/d/do/6

Lamaze International consumer guide to finding a family, friends, or a doula for labor support.

Professional Labor Support

www.lamaze.org/TipsforFindingADoula

Lamaze International consumer tips for finding a doula, either professional or friends and family.

What is a Doula?

www.dona.org/mothers

DONA consumer guide on doulas, as well as resources for finding local doulas.

Fetal Monitoring

For Clinicians

Fetal Electrocardiogram (ECG) for Fetal Monitoring During Labour (Review)

tinyurl.com/CochECG

Cochrane Collaboration review of ECG (2011).

Intermittent Auscultation for Intrapartum Fetal Heart Rate Surveillance

tinyurl.com/ACNMheart

ACNMS clinical bulletin (2010).

Intrapartum Fetal Heart Rate Monitoring

ACOG practice bulletin (2009). *Requires subscription to access.*

Intrapartum Fetal Monitoring

tinyurl.com/RBailey09

Article from Bailey, R.E. (2009). Intrapartum fetal monitoring. *American Family Physician*, 80(12): 1388-96.

For Women & Families

Fetal Heart Rate Monitoring During Labor

tinyurl.com/ACOGheart

ACOG consumer information on fetal heart rate monitoring during labor.



Pain Management

For Clinicians

The Nature and Management of Labor Pain:
Executive summary

tinyurl.com/CCpainmanage

Childbirth Connection summary of project on understanding and improving the management of labor pain.

The Nature and Management of Labor Pain

tinyurl.com/AJOGpain

Full journal issue with articles from symposium on understanding and managing labor pain from the *American Journal of Obstetrics & Gynecology*.



For Women & Families

10 Labor Tips

www.lamaze.org/10LaborTips

Lamaze International consumer information on ways to relieve labor pain.

Comfort in Labor

tinyurl.com/CCcomfort

Childbirth Connection consumer guide to positioning and labor pain management.

Epidural and Anesthesia

www.lamaze.org/EpiduralAndAnesthesia

Lamaze International consumer information on medical management of labor pain.

Get Upright & Follow Urges to Push

www.lamaze.org/d/do/8

Lamaze International consumer guide birth positions and pushing.

Labor Pain

tinyurl.com/CClaborpain

Childbirth Connection consumer guide to understating labor pain relief options.

Pain Relief During Labor and Delivery

tinyurl.com/ACOGrelief

ACOG consumer information on pain management during labor.

Pain During Childbirth

tinyurl.com/ACNMPain

ACNM consumer guide on labor pain and options for management.

Second Stage of Labor: Pushing Your Baby Out

tinyurl.com/ACNMPush

ACNM consumer guide to the second stage of labor, including knowing when to push and positions.

Walk, Move & Change Positions

www.lamaze.org/d/do/5

Lamaze International consumer guide to movement and positioning to manage labor pain.

Systems Level

For Clinicians & Other Leaders

How-to Guide: Prevent Obstetrical Adverse Events

tinyurl.com/IHlguide

The Guide describes essential elements of preventing obstetrical adverse events, including the safe use of oxytocin and key evidence-based care components in the Institute for Healthcare Improvement's Perinatal Bundles. The Guide describes how to implement interventions and recommends measures to gauge improvement.

IHI Model for Improvement

tinyurl.com/IHIModel

The Model for Improvement (developed by Associates in Process Improvement) is a simple, yet powerful, tool for accelerating improvement. The model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement.

Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age

tinyurl.com/MODToolkit

The California Maternal Quality Care Collaborative's toolkit to support hospitals in eliminating non-medically indicated deliveries before 39 weeks.

MAP-IT

tinyurl.com/KYmapit

MAP-IT (Mobilize, Assess, Plan, Implement, and Track) is a framework that can be used to plan and evaluate public health interventions in a community.

OPQC Obstetric Tools

opqc.net/resources

Tools including topic selection matrix, key driver diagram, scheduled delivery at 36.0-38.6 weeks form, scheduled delivery form (English and Spanish language), obstetric measures table, safety checklists, and others from the Ohio Perinatal Quality Collaborative.

Optimizing Protocols in Obstetrics

tinyurl.com/ACOGdistrict2

ACOG District II lessons learned and tools from their initiative to eliminate non-medically indicated deliveries prior to 39 weeks gestation.

Perinatal Quality Measures

tinyurl.com/Periqm

A collection of perinatal quality measures from Leapfrog, AHRQ, the Joint Commission, and others, including ICD-9-CM codes and definitions.

Plan-Do-Study-Act (PDSA) Worksheet

tinyurl.com/IHlpdsa

The PDSA worksheet is a useful tool for documenting a test of change.

Reducing Elective Deliveries Before 39 Weeks

tinyurl.com/WSPC39

Information, resources, and tools utilized by the Washington State Perinatal Collaborative's quality improvement initiative around reducing non-medically indicated deliveries prior to 39 weeks gestation.

TeamSTEPPS®

teamstepps.ahrq.gov

An Agency for Healthcare Research and Quality program to improve communication and teamwork skills of health care workers. Materials are available on their website, and there are several trainings for instructors each year.

Toolkit for Building State Collaboratives

tinyurl.com/OPQCToolkit

A continuously evolving compilation of lessons learned, concepts and methods for initiating, supporting and sustaining a statewide improvement collaborative developed by representatives from the State Improvement Collaboratives. The toolkit is peer-produced using "commons" methods by which anyone can contribute, all versions are stored, all changes include specific attributions or citations, and editing is conducted by the lead states involved.

Organizations & Collaborations

American Academy of Family Physicians

www.aafp.org

The American Academy of Family Physicians (AAFP) is the professional organization representing family physicians in the U.S. The AAFP promotes high quality maternity and newborn care through its emphasis on evidence-based practice, quality improvement and education. The AAFP's continuing education course on Family-Centered Maternity Care helps clinicians integrate the best and most recent evidence into their care of pregnant women and newborns. The AAFP's Advanced Life Support in Obstetrics (ALSO) course helps physicians, midwives, labor and delivery nurses, and other health care providers develop and maintain the knowledge and skills they need to effectively manage potential emergencies during the perinatal period (www.aafp.org/also).

American College of Nurse-Midwives

www.midwife.org

The American College of Nurse-Midwives (ACNM) is the professional association representing certified nurse-midwives and certified midwives in the U.S. ACNM provides research, administers and promotes continuing education programs, establishes clinical practice guidelines, and creates liaisons with state and federal agencies and members of Congress.

American College of Obstetricians and Gynecologists

www.acog.org

The American College of Obstetricians and Gynecologists (ACOG) is a professional organization of obstetricians and gynecologists and providers of women's health care. ACOG provides high-quality education, continuous improvement of health care for women through practice and research, advocacy for women's health care issues nationally, and organizational support and services for members.

California Maternal Quality Care Collaborative

www.cmqcc.org

The California Maternal Quality Care Collaborative (CMQCC) is comprised of state agencies, public organizations, professional groups, health systems, and universities working together to end preventable morbidity, mortality, and racial disparities in California maternity care.

Cesareanrates.com

www.cesareanrates.com

Website compiling the most current hospital-level data accessible to the public of Cesarean delivery rates. The initial goals of the site are to: a) show the (poor) quality and inaccessibility of information available to the public, b) to assess whether there is a public demand for this information, and c) to work toward establishing a precedent for hospital data transparency.

Childbirth Connection

www.childbirthconnection.org

A national non-profit organization with the mission to improve the quality and value of maternity care through consumer engagement and health system transformation. The Childbirth Connection promotes safe, effective, and satisfying evidence-based maternity care while being a voice for the needs and interests of childbearing families.

The Community Tool Box

ctb.ku.edu

The Community Tool Box is a public resource developed and managed by the Work Group for Community Health and Development at the University of Kansas. The purpose of the Tool Box is to build capacity to promote community health and development by connecting people with resources and ideas.

DONA International

www.dona.org

DONA is an international non-profit organization of doulas that strives to have every doula trained to provide the highest quality for and post-partum support for birthing women and their families.

Institute for Healthcare Improvement

www.ihl.org

The Institute for Healthcare Improvement (IHI) is an independent non-profit organization dedicated to improving safety in health care and offers a wide range of resources and teaching tools to help health care professionals lead effective improvement efforts to enhance clinical outcomes. Their materials are high quality and free of charge.

Lamaze Internationalwww.lamaze.org

Lamaze is a non-profit organization that promotes natural, healthy, and safe approaches to pregnancy, childbirth and early parenting.

Northern New England Perinatal Quality Improvement Networkwww.nnepqin.org

The Northern New England Perinatal Quality Improvement Network (NNEPQIN) is a voluntary consortium of organizations involved in perinatal care including hospitals, home birth provider groups, state health departments, and the March of Dimes. NNEPQIN writes collaborative, evidence-based guidelines and patient education materials to help improve perinatal outcomes across the U.S.

Obstetrics Clinical Outcomes Assessment Programwww.qualityhealth.org/obcoap

The Obstetrics Clinical Outcomes Assessment Program (OB COAP) is a clinician-led, chart-abstracted database of the intrapartum care of pregnant women in Washington State. It is one of the clinical programs of the Foundation for Health Care Quality, a nonprofit organization dedicated to providing a trusted, independent, third party resource to all participants in the health care community. The OB COAP database includes nine of the NQF guidelines for perinatal care. As perinatal care measures change, OB COAP's flexibility allows changes to be incorporated into its reporting.

Ohio Perinatal Quality Collaborative (OPQC)opqc.net

The Ohio Perinatal Quality Collaborative (OPQC) is a statewide, multi-stakeholder network dedicated to improving perinatal health in Ohio. The OPQC employs a modified version of the Institute for Healthcare Improvement's (IHI) Breakthrough Series Model to focus on neonatal and obstetrical initiatives.

Our Bodies Ourselveswww.ourbodiesourselves.org

Our Bodies Ourselves, originally the Boston Women's Health Book Collective, is a nonprofit with the goal of promoting accurate, evidence-based information on girls' and women's reproductive health and sexuality.

Power to Push Campaignwww.powertopush.ca

Launched in 2010 by BC Women's Hospital & Health Centre with the goal of providing up-to-date resources for pregnant women and their families, encouraging them to know their options, advocate for their choices, and push for the safest and best birth possible. The Campaign and BC Women's Hospital Cesarean Task Force released a report in 2013 on their initiatives and achievements to optimize Cesarean delivery rates and inform women about their childbirth options. The full report can be downloaded from the Power to Push website.

The Robert Bree Collaborativewww.hta.hca.wa.gov/bree

The Robert Bree Collaborative (Bree) is a legislatively mandated collaboration of public and private health care purchasers, health carriers, and providers in Washington. The Bree is charged with identifying topics with variation or quality concerns and recommending effective, evidence-based strategies to improve quality health outcomes and cost-effectiveness.

Transforming Maternity Caretransform.childbirthconnection.org

In 2008, the Childbirth Connection convened a Vision Team of innovators in maternity care delivery and health systems to define the fundamental values, principles, and goals for high-quality, high-value maternity care systems. The Transforming Maternity Care site provides a blueprint for action and other resources to for systems and providers interested in transforming care.

Washington State Perinatal Collaborativewww.waperinatal.org

The Washington State Perinatal Collaborative (WSPC) is comprised of public and private organizations and agencies dedicated to improving maternal and child health in Washington. The WSPC seeks to understand the reasons for variation among hospitals in Cesarean delivery, VBAC, and induction rates, to identify modifiable causes, and to target initiatives to improve care. Their website includes tools, resources, and extensive information on their 39 Week Initiative.

5. Templates & Tools

Forms, Templates & Other Resources

This section includes two sample scheduling forms, one for induction of labor and one for Cesarean delivery, that you can adapt for your own practice or institution. These forms have been developed based on reviewed evidence and existing examples from organizations and hospital systems. In addition to these sample scheduling forms, please see the links below for scheduling forms and patient safety checklists, suggested guidelines for induction of labor and vaginal birth, and patient information and consent forms. This section also includes additional resources for women and clinicians under the appropriate resources sections for vaginal birth after Cesarean and induction of labor.

American Congress of Obstetricians and Gynecologists

[Trial of Labor After Previous Cesarean Delivery](#)

[Appropriateness of Trial of Labor After Previous Cesarean Delivery](#)

[Scheduling Induction of Labor](#)

[Inpatient Induction of Labor](#)

[Scheduling Planned Cesarean Delivery](#)

[Preoperative Planned Cesarean Delivery](#)

Community Care of North Carolina

[Pregnancy Medical Home Program Care Pathway](#)

Northern New England Perinatal Quality Improvement Network

[Guideline Suggestions for Elective Labor Induction](#)

[Guideline for Use of Oxytocin](#)

[Guideline for Fetal Monitoring in Labor & Delivery](#)

In addition NNEPQIN has resources at www.nnepqin.org/guidelines.asp, including:

- [Indicated Labor Induction](#)
- [Vaginal Birth After Cesarean](#)
- [Home Birth](#)
- [Emergency Cesarean Section](#)

Intermountain Healthcare

[Patient Fact Sheet: Elective Labor Induction - When is it okay?](#)

[Patient Fact Sheet: Elective Labor Induction - What to expect from your care](#)

Cesarean Delivery Scheduling Form

Date: _____

Requesting Clinician: _____

Best EDD: _____

Patient Name: _____

Date of Birth: _____

MR#: _____

EDD based on:

- ☐ Ultrasound at less than 20 weeks gestation
- ☐ Heart tones present by Doppler for 30 weeks
- ☐ ≥ 36 weeks since positive serum or urine HCG test result
- ☐ Other: _____

Requested Date of Cesarean: _____

Best Estimate Gestational Age (on req date): _____

Type of Cesarean: ☐ Primary ☐ Repeat (Number of prior Cesarean operations: _____)

Elective Indication for Scheduled Cesarean

- ☐ Breech presentation
- ☐ Transverse presentation
- ☐ Presumed macrosomia
- ☐ Psychosocial (specify): _____
- ☐ Other (specify): _____

Note: Elective Cesarean delivery requires

- ≥ 39 weeks gestation
- Contraindication to labor or other compelling circumstance

Results of Pertinent Lab Tests & Findings

- ☐ Amniocentesis
 - Date: _____
 - Result: _____
- ☐ Group B Step testing
 - Date: _____
 - Result: _____
- ☐ Drug or other allergies: _____

Note: Elective Cesarean delivery requires

- ≥ 39 weeks gestation
- Contraindication to labor or other compelling circumstance

Medical Indication for Scheduled Cesarean

Fetal conditions (applies only if labor induction contraindicated)

- ☐ Multiple gestation
- ☐ Abnormal fetal testing (specify): _____
- ☐ IUGR (< 10 th percentile)
- ☐ Isoimmunization
- ☐ Fetal demise
- ☐ Fetal anomaly (specify): _____
- ☐ Other (specify): _____

Maternal conditions (applies only if labor induction contraindicated)

- ☐ Previous myomectomy
- ☐ Previous vertical uterine scar
- ☐ Placenta previa
- ☐ Placenta accreta
- ☐ Chorioamnionitis
- ☐ Active herpes
- ☐ Severe hypertension
- ☐ Premature rupture of membranes
- ☐ Mild preeclampsia (delivery recommended at ≥ 37 weeks*)
- ☐ Severe preeclampsia (expedited delivery recommendation applies after 34 weeks*)
- ☐ Poorly controlled pregestational or gestational diabetes (delivery before 39 weeks recommended*)
- ☐ Well controlled pregestational or gestational diabetes (with or without medications) (delivery after 39 weeks recommended*)
- ☐ Other (specify): _____

Scheduling

- ☐ Approved for scheduling (meets criteria above)
- ☐ Not approved for scheduling (does not meet criteria above)
- ☐ Scheduling requires approval by _____

Date of Review: _____

* For further information on indications for late preterm and early term delivery see: Spong, C.Y., Mercer, B.M., D'Alton, M., Kilpatrick, S., Blackwell, S. & Saade, G. (2012). Timing of Indicated Late-Preterm and Early-Term Birth. *Obstetrics & Gynecology*, 118(2 pt 1): 323-33.

Induction of Labor Scheduling Form

Date: _____

Requesting Clinician: _____

Best EDD: _____

Patient Name: _____

Date of Birth: _____

MR#: _____

EDD based on:

- ☐ Ultrasound at less than 20 weeks gestation
- ☐ Heart tones present by Doppler for 30 weeks
- ☐ ≥ 36 weeks since positive serum or urine HCG test result
- ☐ Other: _____

Requested IOL Date: _____

Best Estimate Gestational Age (on requested date): _____

Planned Method of IOL: ☐ Misoprostol ☐ Other prostaglandin (e.g. dinoprostone insert) ☐ Mechanical (e.g. Foley bulb)
☐ AROM ☐ Oxytocin ☐ Other (specify): _____

Indication: High Priority

High maternal or perinatal risk, immediate IOL

- ☐ Abnormal fetal testing (specify): _____
- ☐ Fetal growth restriction ($< 10^{\text{th}}$ percentile)
- ☐ Oligohydramnios, persistent and isolated (AFI < 5)
- ☐ Severe hypertension
- ☐ Premature rupture of membranes
- ☐ Other (specify): _____

Bishop Score: _____

Fetal Position:

- ☐ ROA ☐ ROP
- ☐ LOA ☐ LOP
- ☐ Direct OA ☐ Direct OP
- ☐ Other (specify): _____

Group B Strep Status: _____

Date of most recent GBS test: _____

Result: ☐ Positive ☐ Negative

Drug Allergies

List drug and type/severity of reaction: _____

If PCN/other antibiotic allergy, list GBS sensitivities from most recent culture: _____

Indication: Immediate Priority

Medically indicated

- ☐ Post-term gestation (> 41 wks EGA)
- ☐ Mild preeclampsia (IOL recommended at ≥ 37 weeks*)
- ☐ Severe preeclampsia (IOL recommendation only applies after 34 weeks*)
- ☐ Poorly controlled pregestational or gestational diabetes (IOL before 39 weeks recommended*)
- ☐ Well controlled pregestational or gestational diabetes (with or without medications) (IOL after 39 weeks recommended*)
- ☐ Maternal medical condition (specify): _____
- ☐ Twins (≥ 37 weeks)
- ☐ Fetal demise
- ☐ Other (specify): _____

Indication: Elective

Not medically indicated

- ☐ Maternal request
- ☐ Prodromal labor/prolonged latent phase
- ☐ Psychosocial factors
- ☐ Isoimmunization
- ☐ History of rapid labor/distance from hospital
- ☐ Presumed macrosomia
- ☐ Prior fetal demise
- ☐ Other (specify): _____

Note: Elective IOL requires

- ≥ 39 weeks gestation
- Bishop score ≥ 8 for nulliparas and ≥ 6 for multiparas
- No cervical ripening allowed (method of IOL must be oxytocin with or without AROM)

Scheduling

- ☐ Approved for scheduling (meets criteria above)
- ☐ Not approved for scheduling (does not meet criteria above)
- ☐ Scheduling requires approval by _____

Date of Review: _____

* For further information on indications for late preterm and early term delivery see: Spong, C.Y., Mercer, B.M., D'Alton, M., Kilpatrick, S., Blackwell, S. & Saade, G. (2012). Timing of Indicated Late-Preterm and Early-Term Birth. *Obstetrics & Gynecology*, 118(2 pt 1): 323-33.